

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Paper

Computer Readable Form (CRF)?::

YES

Number of copies of CRF::

1

Title::

Single Nucleotide Polymorphisms Associated with
Interstitial Lung Disease

Attorney Docket Number::

001107.00229

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

Total Drawing Sheets::

4

Small Entity?::

NO

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Lawrence
Middle Name::
Family Name:: Noguee
Name Suffix::
City of Residence:: Baltimore
State or Province of Residence:: Maryland
Country of Residence:: US
Street of mailing address:: 600 N. Wolfe Street
City of mailing address:: Baltimore
State or Province of mailing address:: Maryland
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21287

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: F. Sessions
Middle Name::
Family Name:: Cole
Name Suffix::
City of Residence:: St. Louis
State or Province of Residence:: Missouri
Country of Residence:: US
Street of mailing address:: c/o Center of Technology Management
660 South Euclid Avenue, Campus Box 8013
City of mailing address:: St. Louis
State or Province of mailing address:: Missouri

Country of mailing address::

Postal or Zip Code of mailing address:: 63110

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jeffrey

Middle Name:: A.

Family Name:: Whitsett

Name Suffix::

City of Residence:: Cincinnati

State or Province of Residence:: Ohio

Country of Residence:: US

Street of mailing address:: c/o Technology Transfer Office
Children's Hospital Medical Center
333 Burnet Avenue

City of mailing address:: Cincinnati

State or Province of mailing address:: Ohio

Country of mailing address:: US

Postal or Zip Code of mailing address:: 45229

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Aaron

Middle Name::

Family Name:: Hamvas

Name Suffix::

City of Residence:: St. Louis

State or Province of Residence:: Missouri

Country of Residence:: US

Street of mailing address:: c/o Center of Technology Management
660 South Euclid Avenue, Campus Box 8013

City of mailing address:: St. Louis
State or Province of mailing address:: Missouri
Country of mailing address::
Postal or Zip Code of mailing address:: 63110

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/268,650	February 14, 2001
This Application	Non-Provisional of	60/268,991	February 15, 2001

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

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